

PATHMARK STORES, INC.
NON-FOODS DIVISION
VENDOR DEAL SUBMISSION

CONTROL CODE #: _____ DATE KEYED: _____

REFERENCE #: _____ INITIALS: _____

DEAL TYPE: (CIRCLE ONE)

- A OFF INVOICE:
B OFF INVOICE (FREE WITH):
C OFF INVOICE (FREE/DISTRO):
D BILLBACK (REGULAR):
G BILLBACK (ANNUALS):
P OFF INVOICE (% OF COST):
Q BILLBACK (% OF COST):
I EXTENDED PAYMENT TERMS: _____

DEAL START DATE (ORD): 1 / 1 / 98

DEAL END DATE (ORD): 1 / 30 / 98

ORDER START DATE (PB): / /

ORDER END DATE (PB): / /



VENDOR SIGNATURE: J. N. Reynolds

BUYER NAME: _____

MISC. CODING: (CIRCLE ONE) WHSE ACCT.: (CIRCLE ONE)
001 PURCHASING: GMDC- 973
002 ADVERTISING: CIG 990
003 COUPON: AMA- 91
004 INCENTIVE: OTHER: _____
005 ANNUAL:
006 OTHER:

DATE: 11/15/97 WHSE #: _____

VENDOR NAME: R. J. Reynolds VENDOR #: _____

BROKER: G. N. Kuruc, Jr.

ADDRESS: 400 Raritan Center
Edison, NJ 08837

AMOUNT BILLED

\$

AD DATE 1 / 1 / 98 PLACEMENT _____ COUPON FUNDING _____ FSI VALUE _____ FSI DATE / /

BUYERS / BILLING NOTES

ADDITIONAL COMMENTS

\$2 per carton electronic coupon on all styles of
Winston and Doral Cigarettes. Inclusive dates
for month of January 1998.

PMK ITEM NUMBER (NUMERICAL SEQ.)	PACK	SIZE	CATG.	ITEM DESCRIPTION	ALLOW \$	ALLOW %	OLD COST	NEW COST	REFLECT (Y/N)	BILLING CYCLE (M, Q, Y OR PER AD \$)	LUMP SUM
5											
5											
5											
5											
5											
5											
5											
5											
5											

ANTI TRUST POLICY:

THIS IS TO CERTIFY TO YOU THAT THE PRICE AND TERMS ARE BEING OFFERED TO YOU IN FULL COMPLIANCE WITH THE ROBINSON-PATMAN ACT AND ANY VARIATIONS BETWEEN THE PRICE AND TERMS OFFERED TO PATHMARK STORES, INC. AND THOSE RECEIVED BY ALL OUR OTHER CUSTOMERS COMPETING IN THE SALE OF THE PRODUCT REFERRED TO ABOVE EITHER (1) RESULTS FROM OUR EFFORT TO MEET THE PRICE AND TERMS OFFERED BY OUR COMPETITIONS, OR (2) CAN BE COST JUSTIFIED.

PATHMARK STORES, INC.
NON-FOODS DIVISION
VENDOR DEAL SUBMISSION

CONTROL CODE #: _____ DATE KEYED: _____

REFERENCE #: _____ INITIALS: _____

DEAL TYPE: (CIRCLE ONE)

- A OFF INVOICE:
B OFF INVOICE (FREE WITH):
C OFF INVOICE (FREE/DISTRO):
D BILLBACK (REGULAR):
G BILLBACK (ANNUALS):
P OFF INVOICE (% OF COST):
Q BILLBACK (% OF COST):
I EXTENDED PAYMENT TERMS: _____

DEAL START DATE (ORD): 11 / 9 / 97

DEAL END DATE (ORD): 1 / 3 / 98

ORDER START DATE (PB): / /

ORDER END DATE (PB): / /



VENDOR SIGNATURE: *L. N. Kumpf*

BUYER NAME: _____

MISC. CODING: (CIRCLE ONE) WHSE ACCT.: (CIRCLE ONE)
001 PURCHASING: GMDC- 973
002 ADVERTISING: CIG 990
003 COUPON: AMA- 91
004 INCENTIVE: OTHER: _____
005 ANNUAL:
006 OTHER:

DATE: 10/6/97 WHSE #: _____

VENDOR NAME: R. J. Reynolds VENDOR #: 284A

BROKER: _____

ADDRESS: _____

AMOUNT BILLED

\$

AD DATE / / PLACEMENT COUPON FUNDING FSI VALUE FSI DATE / /

BUYERS / BILLING NOTES

ADDITIONAL COMMENTS

\$ 2.50 carton/\$.25 pack electronic coupon on all
styles of DORAL Cigarettes.
Payment made after completion of Program based
on scan data.

PMK ITEM NUMBER (NUMERICAL SEQ.)	PACK	SIZE	CATG.	ITEM DESCRIPTION	ALLOW \$	ALLOW %	OLD COST	NEW COST	REFLECT (Y/N)	BILLING CYCLE (M, Q, Y, OR PER AD SUB.)	LUMP SUM
5											
5											
5											
5											
5											
5											
5											
5											
5											

51846 5020

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